

**Written Testimony by Chan D. Lieu**  
**Submitted to the CT Public Health Committee**  
**RE: S.B. No. 1076 An Act Concerning Aid in Dying For Terminally Ill Patients**

27 February, 2023

Co-Chairs Anwar and McCarthy Vahey, and members of the committee:

I respectfully submit this written testimony to provide my input and perspective on S.B. 1076 An Act Concerning Aid in Dying for Terminally Ill Patients. I am a strong proponent of euthanasia and fully support the Connecticut legislature's efforts to enact S.B. 1076. I believe that terminally ill patients of sound mind should be able to opt for requesting medical professionals for assistance in dying with dignity.

I have witnessed death firsthand with the passing of both of my parents. My parents died 18 years apart, the first in 2001 and the other more recently in 2019. In both instances, they were diagnosed with terminal illnesses where their respective doctors deemed they would have four to twelve months to live—neither got as far as half those estimates. I watched anxiously as doctors and nurses hurriedly resuscitated my father on multiple occasions before my mother and I agreed to a *Do Not Resuscitate* order the next time he crashed. For my mother, I administered morphine at militarily precise intervals during in-home hospice care with the hope that she did not experience any more pain as her lungs filled with fluid and the final throes of death took over.

As painful as these experiences were, I am grateful that death came quickly for them. Their deaths took place over the course of days, not weeks and months. Reflecting on those combined experiences, that was a blessing as neither my parents nor our family had to endure months of suffering only to arrive at the same outcome. All the while, I do wonder whether their quality of life in the final weeks and days could have been improved if we had the opportunity to consider assisted dying. I hope S.B. 1076 can provide others with the ability to decide and choose a quality of life in their remaining days as they see fit.

The concept of “do no harm” is often attributed to the Hippocratic Oath. Regardless of its provenance, the concept of not harming the patients is a widely accepted and agreed upon tenet in the medical community—a notion that I suspect Co-Chair Anwar is intimately familiar with. And while the medical and scientific communities have made tremendous advancements through centuries of research and practice, ultimately we have not solved the challenge of death. Death is a natural phenomena and we will all experience it at some point in our lives. We will experience it directly and indirectly. And for the lucky few, death is not an issue of if, but when. To be able to exert a modicum of control over something as fundamental as one's own death is an incredibly empowering act that should not be undermined.

By enabling physicians to assist terminally ill patients in dying, I believe this allows the medical community to uphold their desire to help and not harm the patient. Restricting such a

decision only leaves physicians with just one gruesome choice: stand idly by as a patient suffers in their final remaining time, however long and however agonizing that suffering may be. I urge the legislature to enable physicians to fulfill their do no harm obligations according to their terminally ill patients' wishes.

The legislation provides the appropriate safeguards to ensure that this decision is not undertaken lightly. The state would require patients to make a total of three separate requests, all sequenced appropriately to ensure that sudden and rash decisions are not being made. I believe that anyone contemplating such a critical decision would have thought this over with considerable attention. Their decisions should be respected. We should have the right to choose dignity in death.

Life is undoubtedly beautiful and precious. As a society, we should not rob an individual's choice to reflect on that beauty and decide that they are prepared for death. If an individual of sound mind has concluded that they no longer wish to suffer and instead retain some dignity in death, failing to enable such a decision only reveals a community's callous disregard for what a life lived actually means.

Respectfully yours,

Chan D. Lieu  
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